LINN COUNTY MHDD SERVICES MANAGEMENT PLAN

ANNUAL REPORT FY2007

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FY 2007 - 2009 LINN COUNTY MH/DD SERVICES

STRATEGIC PLAN GOALS & OBJECTIVES

Progress Report, November 2007

GOAL I To analyze the existing the MHDD Management System to identify strengths,

weaknesses and opportunities for improvements.

Objective A Investigate potential tools, methodologies and resources that could be used for system

assessment purposes.

Target Dates: FY07 (July 2006 - June 2007)

Progress: We have received information from United Way on one tool that might be useful for this purpose, but we have not looked at any others. We are behind schedule on this Goal.

Objective B Research best practices and analyze how Linn County services compare.

Target Dates: FY08 (July 2007 – June 2008)

Progress: We have not taken any action on this objective as of November 2007.

Objective C Conduct a management system analysis utilizing the identified tool or methodology (i.e.

Technical Assistance Teams).

Target Dates: FY09 (July 2008 – June 2009)

GOAL II To review quality assurance and MH/DD utilization data to improve services.

Objective A Review Linn County MH/DD County Management Plan quality assurance data, which includes input from consumers, individuals who have been denied services, providers, and others in the community, to determine where improvements are needed and what impact services or the lack of services are having on consumers' lives.

Target Dates: Quarterly (December 2006, March 2007, June 2007, September 2007, December 2007, March 2008, June 2008, September 2008, December 2008, March 2009 and June 2009).

Progress: This objective has been achieved. We have conducted focus groups with consumers in order to develop our unmet needs priorities. We have completed a survey of providers with regard to Linn County's system. We have met with a couple of consumers who were denied services. The results of these contacts are the unmet needs list, ideas on the focus of lobbying efforts, and ideas on how to keep providers and consumers better informed and more involved in system planning.

Objective B

Monitor and review Linn County MH/DD utilization data (including MHI and State Hospital School utilization) on a quarterly basis.

Target Dates: Quarterly (December 2006, March 2007, June 2007, September 2007, December 2008, June 2008, September 2008, December 2008, March 2009 and June 2009).

Progress: This objective has been achieved. As a result of monitoring this data, we know we can expand some service areas immediately.

Objective C

Make adjustments as needed in response to quality assurance and utilization data. Target Dates: Annually (December 2006, 2007 and 2008).

Progress: We are planning to develop services to meet unmet needs as soon as January, 2008

GOAL III

To monitor and maintain awareness of the changing environment that may impact MH/DD funding and services.

Objective A

Review the impact of existing legislative initiatives on the service delivery system.

Target Dates: Monthly (July 2006 – June 2007, July 2007 – June 2008, July 2008 – June 2009).

Progress: This objective has been achieved. We have monthly reports at our MHDD Advisory Committee meetings, as well as the DDSC and MHSP Subcommittees, about current law and administrative rule changes that might impact our services.

Objective B

Examine other issues and initiatives relative to providing services.

**Target Dates: Monthly (July 2006 – June 2007, July 2007 – June 2008, July 2008 – June 2009).

Progress: This objective has been achieved. We have monthly reports at our MHDD Advisory Committee meetings, as well as the DDSC and MHSP Subcommittees, about State Department initiatives and planning. For example, we heard reports from members of the Mental Health Systems Improvement workgroups, from the Olmstead Task Force, and from a member of the MHDDMRBI Commission. These reports are useful in helping us determine how our plans fit in with the State plans.

Objective C

Develop a public information/communications plan to educate and inform consumers, family members, legislators and the public about the MHDD Service System.

*Target Dates: Monthly (July 2006 – June 2007, July 2007 – June 2008, July 2008 – June 2009).

Progress: This objective has been achieved. A committee met, learned about better ways to communicate and provide information to the public, and developed a plan. The plan has yet to be implemented, but there are action steps and target dates to meet.

GOAL IV

To analyze service priorities identified on the annual MHDD Unmet Needs Prioritization Listing (developed in October of each fiscal year). [Note: See Attached Prioritization Listing.]

Objective A

Review data regarding each unmet need and assess whether additional services are necessary.

Target Dates: Annually (December 2006, 2007 and 2008)

[Note: To be addressed in order of Priority Ranking.]

Progress: In the December, 2006, analysis, it was determined that unmet needs could mostly be met by restoring funding to services that had previously been cut. Thus, services such as the Mobile Crisis Team and Jail Diversion programs were reinstated, as well as most of the others that had been cut in FY2006. In addition, planning commenced to add a Behavior Disorder program for people with mental retardation.

Objective B

Determine whether the unmet need should be funded at the expense of existing services. **Target Dates:** Annually (December 2006, 2007 and 2008) [Note: To be addressed in order of Priority Ranking.]

Progress: Since there were surplus funds, there were no cuts necessary.

Objective C

Investigate alternative funding sources to support new services and address unmet needs. Target Dates: Monthly (July 2006 – June 2007, July 2007 – June 2008, July 2008 – June 2009)

Progress: We have continued to make sure consumers are enrolled in Medicare Part D for medication costs, and we have continued to assist consumers in applying for Pharmaceutical Assistance Programs for medication costs. We have been aggressive in our effort to transfer all eligible clients to Habilitation Services, which is covered by Medicaid and will save some county dollars.

GOAL V

To develop enhanced or new services strategies as appropriate to address unmet needs.

Objective A

Examine existing services to determine what enhancements or other adjustments would be necessary to address unmet needs.

Target Dates: Annually (March 2007, 2008, and 2009).

Progress: Work began in March, 2007, on developing a program to serve people with mental retardation and severe behavior disorders. We now have one provider developing a residential program, one provider offering consulting services, and we are working on an arrangement with the Center for Disabilities and Development at University Hospitals in lowa City to help with evaluations and behavior management plans.

Objective B

Identify current and potential providers of service, develop a process for selecting service providers, and follow-through with selection process.

Target Dates: Annually (June 2007, 2008 and 2009)

Progress: See Objective A. We have not had to do an RFP for this process.

Objective C

Implement selected service strategies and incorporate funding requests into MH/DD Budgeting process.

Target Dates: Annually (September 2007, 2008 and 2009).

Progress: The budget analysis is underway and ought to be ready in December for an estimate of the cost for FY2009. We know that many clients that will be served by these programs already have dollars attached, as they are receiving services in other settings.

Objective D

Conduct a progress review of these expanded/new services to determine if they are adequately addressing unmet needs.

Target Dates: Annually (September 2007, 2008 and 2009).

Progress: This analysis has NOT been done, since most of the expanded funding went to reinstate services that had been earlier cut. The Behavior programs are not running yet.

GOAL VI

To prioritize unmet needs on an annual basis, revising as needed based on outcomes of the previous goals.

Objective A

With input from providers, consumers, family members of consumers, and others in the community, review identified unmet needs to determine the potential budgetary impact of expanded/new services to address these needs.

Target Dates: Annually (September 2007, 2008 and 2009).

Progress: Achieved.

Objective B

Develop a revised "Unmet Needs Priority Listing."

Target Dates: Annually (October 2007, 2008 and 2009).

Progress: Achieved.

MHDD UNMET NEEDS PRIORITIZATION RANKINGS

NOVEMBER 2007

- 1) Staff training and services for persons with severe/violent behavior issues.
- 2) Community employment, vocational services and day programming.
- 3) Transportation
- Supported community living (SCL) services to address waiting list and basic and intensive community support program (CSP) services (case management, residential and treatment services), including services for the dually diagnosed.
- 5) Empowerment and peer support.
- 6) Support services for those transitioning from the children's system
- 7) Waiting time for mental health appointments
- 8) Adult day care services for adults 18+, in need of before / after school care or programming during breaks.

ADVOCACY ISSUES

- a) Legal Representation
- b) Sub acute care for persons under commitment.

Description of the Unmet Needs Prioritization Process

On an annual basis, the Linn County MHDD Advisory Committee and its subsidiary-planning groups (the Mental Health Services Planning Committee or MHSP and the Developmental Disabilities Services Coalition or DDSC) utilize the following process to develop the annual "Unmet Needs Prioritization Listing."

Step 1:

Each planning group (including the MHDD Advisory Committee) and consumer focus groups review the "Unmet Needs Prioritization Listing" developed for that fiscal year to determine if the items listed continue to be unmet needs. Items that have been addressed during the course of the fiscal year or are no longer considered to be unmet needs may be deleted from the list.

Step 2:

Data regarding unmet needs (i.e.: utilization and waiting list information) is shared with the planning groups. This data is considered by planning group members as the "unmet needs" listings are being developed.

Step 3:

The planning groups and focus groups identify additional unmet needs that currently exist.

Step 4:

Using the current listing and the additional unmet needs identified, each group uses a selected prioritization process to narrow the list down to no more than 10 unmet needs per group.

Step 5:

Staff reviews the priority listings developed by each subsidiary group to determine if there is any duplication or overlap between the lists. A merged listing is then developed that at a minimum incorporates the first five unmet needs from the MHSP, DDSC, and consumer lists. [Note: This assures that the MHDD Advisory Committee gives equal attention to the highest priorities from each planning group during the final prioritization process.]

Step 6:

Copies of the lists, along with the merged list are presented to the MHDD Advisory Committee for its review and discussion. The MHDD Advisory Committee then prioritizes the items using a selected priority process, generally a priority grid.

Step 7:

Following the prioritization exercise, MHDD Advisory Committee members are given an opportunity to review the newly developed priority listing and determine whether or not they are comfortable with the priority listing as it was developed. Adjustments can be made at the discretion of the MHDD Advisory Committee, provided that a majority of Committee members agree with the proposed change.

Step 8:

The Unmet Needs Prioritization Listing is used to guide planning activities throughout the planning year. Factors such as budgetary constraints, other critical emerging needs that planning groups believe are more "critical" than those on the existing priority listing may also impact planning activities.

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SERVICE PROVIDERS:

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DICK SELIX VOC REHAB 4403-1ST AVE SE STE L10 CEDAR RAPIDS, IA 52403-3221 PHONE: 294-9308

DAN STRELLNER AGING SERVICES 3150 E AVENUE NW CEDAR RAPIDS, IA 52405 PHONE: 398-3644 E: dstrellner@abbe.org

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STEVE MILLER 412 PARKLAND DRIVE SE CEDAR RAPIDS, IA 52403 PHONE: 364-2748 E. smiller2@nami.org

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286-5796
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TOTAL =24 UPDATED 10/31/2007 mhddadv/pg 1-2

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OCCUPANTA NA	
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PROVIDER NETWORK FY 2007

Organization Name	Address	Sleen City	Copy to Vendor
		Cedar Rapids	
Abbe Case Management	520 11th Street NW		<u> </u>
Abbe CCMH	520 11th Street NW	Cedar Rapids	·
Abbe Community Care Facility	/ 1860 County Home Road	Marion	8/15/06
Abbe Transitional Living	520 11th Street NW	Cedar Rapids	6/9/06
Abilities Unlimited	210 Willis Avenue	Perry	8/15/06
Access Incorporated	20 5th Street NW	Hampton	8/15/06
Advancement Svc of Jones Co	202 Plastic Lane	Monticello	8/15/06
Aging Services, Inc	800 First Street NW	Cedar Rapids	8/15/06
Alternative Living	205 N Frederick	Oelwein	8/15/06
Ameri Serve International Corp	300 West Broadway, Suite 20	Council Bluffs	12/18/06
ARC of East Central Iowa	680 2nd Street SE, Suite 200	Cedar Rapids	7/20/06
Area Payee Serivces	3260 Southgate Place SW, Ste 15	Cedar Rapids	3/23/07
ASAC, Inc.	3601 16th Avenue SW	Cedar Rapids	5/26/06
Assoc. for Behavioral Hithcare	800 First Street NW	Cedar Rapids	6/9/06
B & D Services, Inc.	212 1st Street East	independence	8/15/06
Backbone Area Counseling Cntr	PO Box 359	Manchester	9/6/06
Baker III PC, J.W.	1730 Hidden Hollow Lane NW	Cedar Rapids	7/20/06
Bennett, Elanna	312 16th Street	Belle Plaine	5/26/06
Benton Co Social Services	303 1st Avenue	Vinton	3/23/07
Bridgeview Community MHC	638 S Bluff Blvd	Clinton	6/9/06
Bridgeway Inc	208 Bank Street	Keokuk	12/22/06
Buswell, Ericka	1079 Rockford Road SW Suite G	Cedar Rapids	5/26/06
Camp Courageous of Iowa	12007 190th Street	Monticello	7/20/06
CASS Inc.	1406 SW 7th St	Atlantic	8/15/06
CCS of NE IA	520 S Pierce Avenue, Suite 202	Mason City	8/15/06
Cedar Centre Psychiatric Group	PO Box 1408	Cedar Rapids	8/15/06
edar Rapids Counseling	118 2nd Street SE, Ste 220	Cedar Rapids	6/9/06
edar Rapids Recreation Dept	1131 5th Street NW	Cedar Rapids	7/20/06
edar Valley Comm. Spprt	3121 Brockway Road	Waterloo	8/15/06
	9 North 4th Avenue	Marshalltown	8/15/06
hatham Oaks	4515 Melrose Avenue	Iowa City	8/15/06
hildren & Families of Iowa	1111 University Avenue	Des Moines	8/15/06

		*	
Collins, Robert and Cora	707 Park Avenue	Mt. Vernon	5/26/06
Comm. MHC of Mid-Estern	IA 507 East College Street	Iowa City	9/6/06
Community Care, Inc.	108 E Industrial Street	DeWitt	8/15/06
Concerned Inc	PO Box 47	Harian	7/20/06
Cornerstone Brief Therapy	5925 Council Street NE, Ste 12	20 Cedar Rapid	s 8/2/06
Country Life Health Care, In	2554 Ford Avenue	Oskaloosa	7/20/06
Covenant Health Clinic	3421 W 9th Street	Waterloo	9/29/06
Credit Counseling & Debt Mgmt	5300 North Park PI NE, Ste 103	3 Cedar Rapids	s 6/9/06
Crest Services - American Baptist	3015 Merle Hay Road, Suite 6	Des Moines	6/9/06
CSD - Comm. Svcs for the Deaf	4403 1st Avenue SE, Suite 300	Cedar Rapids	8/2/06
Delaware Co Community Life	e 601 Grant Street	Manchester	8/15/06
Discovery Living	PO Box 10980	Cedar Rapids	8/20/06
Duncan Heights, Inc.	1465 Hwy 18	Gamer	7/20/06
Employment Plus	1570 Soutn 1st Avenue, Suite E	Iowa City	8/15/06
Ewing, Patrick MSPC	1522 Morgan Street	Keokuk	9/29/06
Exceptional Opportunities, Inc	PO Box 99	Burt	6/9/06
Eyerly-Ball CMHS	945 19th Street	Des Moines	10/25/06
amily Management Crdt	1409 W 4th Street	Waterloo	7/20/06
amily Psychology Associates	1221Center Point Road NE	Cedar Rapids	6/9/06
irst Judicial Dept of Crrctnl	314 E 6th Street	Waterloo	7/20/06
rst Resources	102 N Hancock Street	Sigourney	8/15/06
oundation II	1714 Johnson Avenue NW	Cedar Rapids	8/27/06
. Madison Physicians & urgeons	5409 Avenue O	Ft. Madison	11/2/06
arnett Place	202 35th Street Dr SE #123	Cedar Rapids	2/1/07
enesis Development	704 Story Street	Boone	6/9/06
entiva Health Services	1241 Park Place NE, Suite E	Cedar Rapids	8/15/06
enwood Resource Center	711 South Vine Street	Glenwood	8/15/06
olden Circle Behavioral salth	945 19th Street	Des Moines	9/29/06
od Connections	1109 Division	Boone	6/9/06
odwill Industries of NE IA	2640 Falls Ave	Waterloo	8/15/06
odwill Industries of SE IA	PO Box 1696	Iowa City	8/15/06
ndicapped Development	2700 Linnwood Court	Davenport	5/26/06

Hillcrest Family Services	2005 Asbury Rd	Dubuque	9/6/06
Hills & Dales	1011 Davis Avenue	Dubuque	6/9/06
Hillside Estates, Inc.	2227 225th Street	Williamsburg	5/26/06
Home Instead Senior Care	208 Collins Road NE, Suite 203	Cedar Rapids	9/6/06
Homestead; The	8272 NE University Ave	Runnells	8/15/06
Horizons, A Family Svc Alliance	819 5th Street SE	Cedar Rapids	5/26/06
Howard Residential Care Facility	21668 80th Street	Cresco	7/20/06
IA Valley CC - Poweshiek CDC	123 6th Avenue West	Grinneli	9/6/06
Keys to Awareness & Associates	PO Box 5343	Cedar Rapids	11/2/06
Larrabee Center, The	PO Box 155	Waverly	8/15/06
Life Skills, Inc	483 Highway 1 West	Iowa City	8/15/06
Link Associates	4301 NE 14th Street	Des Moines	8/15/06
Linn County MHDD Services	305 Second Ave SE	Cedar Rapids	7/1/06
Linnhaven Inc.	1199 Blairs Ferry Road	Marion	8/2/06
Living Center East-New Horizons	1220 5th Avenue SE	Cedar Rapids	6/9/06
Makosky, Bernadette LISW	1001 N Washington St, Suite D	Lisbon	5/26/06
Mediapolis Care Facility	PO Box 129	Mediapolis	8/15/06
Mercy Medical Center	701 10th St SE	Cedar Rapids	6/9/06
Mid Iowa Workshop (MIW)	PO Box 966	Marshalltown	6/9/06
New Hope Village, Inc	PO Box 887	Carroll	9/29/06
IISHNA Productions	902 Day Street, PO Box 70	Shenandoah	8/15/06
IIVC Services	PO Box 428	Mason City	12/8/06
Iorth Central Iowa MHC	720 Kenyon Road	Ft. Dodge	3/23/07
Iorth Iowa Transition Center	PO Box 1503	Mason City	7/20/06
orth Star Community ervices	3420 University Avenue	Waterloo	8/15/06
	PO Box 349	Decorah	8/15/06
orthwoods Living	1470 21st Avenue North	Fort Dodge	7/20/06
pportunity Village	PO Box 622	Clear Lake	9/29/06
		Cedar Rapids	7/1/06
ptions of Linn County 1	1019 7th St SE	Occas Rapids] 1
	1019 7" St SE 114 E Green Street	Glenwood	5/26/06
ark Place 1	·		5/26/06 8/15/06

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Pathways Behavioral Service	es 951 N Linn #3	New Hamptor	9/29/06
Payee Services & Solutions	PO Box 128	Iowa City	8/20/06
Penn Center, Inc.	2237 245th Street	Delhi	8/2/06
Plains Area MHC	PO Box 70	Le Mars	4/5/07
PNO	1956 1st Avenue NE, Suite 7	Cedar Rapids	5/26/06
Poweshiek Co. MH Center	200 Fourth Avenue West	Grinnell	12/22/06
Prairie View Management, Inc	c. 18569 Lane Road	Fayette	8/2/06
Progress Industries	PO Box 1449	Newton	9/29/06
Reach For Your Potential, Inc.	. 1705 South 1st Ave, Suite I	Iowa City	8/15/06
REM Developmental Services	2205 Heritage Blvd	Hiawatha	8/15/06
RESCARE	301 West Burlington	Fairfield	8/15/06
Richmond Center, The	125 South 3rd St, Suite 200	Ames	8/25/06
Rural Employment Alternates, Inc.	PO Box 24	Conroy	8/15/06
Seasons Center	201 E 11th Street	Spencer	9/29/06
Sounthern IA Resources	109 Elm Street	Creston	8/15/06
Southern Iowa MHC	110 East Main Street	Ottumwa	8/15/06
Specialized Support Services	50 Northcrest Drive	Council Bluffs	8/15/06
St. Lukes Methodist Hospital	1026 A Avenue NE	Cedar Rapids	5/26/06
Story Co. Comm. Life	104 S Hazel Avenue	Ames	6/9/06
Successful Living	409 Hwy 1 West	Iowa City	8/15/06
Systems Unlimited	2533 S. Scott Blvd	Iowa City	7/20/06
allored Living	18802 Newport Road	Anamosa	5/9/07
anager Place	2309 C Street SW	Cedar Rapids	8/2/06
enco Industries, Inc	710 Gateway Drive	Ottumwa	7/20/06
herapy Solutions	3315 1st Avenue SE	Cedar Rapids	8/15/06
nlimited Service, Inc	PO Box 69	Guttenberg	8/15/06
oodward Resource Center			

ACTUAL EXPENDITURES

See County Report 1.

ACTUAL SCOPE OF SERVICES

See County Reports 1 and 3.

NUMBER, TYPE AND RESOLUTION OF APPEALS

Number: 6

Type: These appeals were all related to policy changes that were implemented in an effort to maximize accessing Medicaid funding. They were in response to a new county plan requirement that individuals receiving Residential Care Facility services who could be served in a Nursing Facility be moved to the Nursing Facility. These consumers appealed to the Board of Supervisors for an Exception to Policy.

Resolution: The Board of Supervisors granted five an Exception to Policy, and their services at the Residential Care Facility were continued. The sixth was an 80 year-old lady that the facility agreed needed medical care above their level of care.

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County Report 1
Fiscal Year 2007 Total Expenditures by COA Code and Disability Type
for Linn County

			inn County			1	
Account		Mental	Chronic				
Code		Illness	Mental	Mental	Developmental	0.1	Service
	Description		Iliness	Retardation	Disability	Other	Total
03000	Information & Referral						67.760
04000	Consultation	67,763					67,763
05000	Public Education Services	4.1					
06000	Academic services						
11000	Direct administrative	123,275	256,605	451,447	53,103		884,430
12000	Purchased Administrative (contracts,						20.000
	MCO, ASO)	20,283					20,283
20000	Coordination Services	• •				5 - 1	222 222
21374	Case Management - T19 Match		. 3,254	218,181	17,863		239,298
21375	Case Management - 100% County		192,051				192,051
21399	Other Case Management		650,900	1,460,665	163,748		2,275,313
22000	Service Management		:	(304)	16,406	1	16,102
31000	Transportation (non-Sheriff)	20,586	41,767	107,588	19,916	X 50	189,857
32320	Homemaker/Home Health Aid		3,831	4,458	(5,482)		2,807
32321	Chore					1	
32322	Home Management Services (include			1			
32322	PERS)	77	896	325	416		1,714
-32325	Respite			158,857	106,124		264,981
32326	Guardian/Conservator	3,152	4,519	1,642	4,608		13,921
32327	Representative Payee	39,552	221,629	79,877	45,963		387,021
32328	Home/Vehicle Modification			9,060	6,496		15,556
32329	Supported Community Living				The state of the s		
32329	Other		349,060	54,219	59,373		462,652
33345	Ongoing Rent Subsidy	21,255	175,787	7,580	12,464		217,086
33399	Other Basic Needs Service	11,623	27,028	2,486	7,133		48,270
41305	Physiologocal Tmt. Outpatient	420					420
41305	Physiologocal Tmt. Prescription	.20					
41500	Medicine	379,570	133,749	1,172	5,559		520,050
41307	Physiologocal Tmt. In-Home	,		6,479		·	6,479
41307	Nursing	İ			and the second		
41399	Physiologocal Tmt. Other	2,619	2,976		470		6,065
42305	Psychotherapeutic Tmt. Outpatient	417,431	382,761	1,962	10,245		812,399
42309	Psychotherapeutic Tmt. Partial	,					
72307	Hospitalization	4,509	3,674				8,183
42399	Psychotherapeutic Tmt. Other	13,800	4,498		150		18,448
43000	Evaluation	63,952	4,020	2,083	100		70,155
44363	Day Treatment Services	18,874	21,181				40,055
44396	Community Support Programs	89,893	160,681	946	1,047		252,567
44397	Psychiatric Rehabilitation	2,734	57,605	33	(600)		59,772
44397	Other	(6,001)	17,003				11,002
	Sheltered Workshop Services	12,035	56,837	808,904	98,349		976,125
50360	Work Activity Services		72,731	2,480,086	88,168		2,640,985
50362	Job Placement Services	5,988	3,300	1,678	2,806		13,772
50364		37,473	81,863	74,825	19,545	 	213,706
50367	Adult Day Care	7,362	42,699	64,761	50,458	1.	165,280
50368	Supported Employment Services	53	110,069	688,682	41,025		839,829
50369	Enclave	34	5,989	349,965	8,719	 	364,707
50399	Other Vocational Services	24	2,707	347,903	0,717	 	l
63310	Comm Supervised Apt Living		(14,767)	(10,466)	(3,557)		(28,790)
1	(Comm. 1-5 Bed)		(14,707)	(10,400)	(5,557)		(=0,12-7

		Mental	Chronic				
Account		Illness	Mental	Mental	Developmental		Service
Code	Description	Hiness	Iliness	Retardation	Disability	Other	Total
Code	Description		1111000	10000			
63314	RCF (Comm. 1-5 Bed)	41,961	41,213				83,174
63315	RCF/MR (Comm. 1-5 Bed)			6,475	34,452		40,927
63316	RCF/PMI (Comm. 1-5 Bed)		92,790	2,472			95,262
63317	Nursing Facility (Comm. 1-5 Bed)						<u>.</u>
63318	ICF/MR (Comm. 1-5 Bed)			233,678		A To the State of	233,678
63329	Supported Community Living						e de galenda de la Securió de la Securió de la Securió de la Securió de la Securió de la Securió de la Securió La composição de la Securió de la Securió de la Securió de la Securió de la Securió de la Securió de la Securió
• • •	(Comm. 1-5 Bed)	50,548	1,011,149	5,031,048	338,393		6,431,138
63399	Other (Comm. 1-5 Bed)		62	617	27,998		28,677
64310	Comm Supervised Apt Living			A	•		
	(Comm. 6-15 Bed)						
64314	RCF (Comm. 6-15 Bed)	292,956	1,458,069	299,154	85,144	200	2,135,323
64315	RCF/MR (Comm. 6-15 Bed)				27,296		27,296
64316	RCF/PMI (Comm. 6-15 Bed)	520,745	480,891	70,794	4,349	<u></u>	1,076,779
64317	Nursing Facility (Comm. 6-15 Bed)		6,274			17	6,274
64318	ICF/MR (Comm. 6-15 Bed)			1,761,848	157,908		1,919,756
64399	Other (Comm. 6-15 Bed)	94,530	60,756	i sarahi	28,079		183,365
65310	Comm Supervised Apt Living						भाग स्टूल होते ।
	(Comm. 16+ Beds)			e e 😱		100	e ja tiget ja teleb
65314	RCF (Comm. 16+ Beds)		53,414	9,150	(1)		62,563
65315	RCF/MR (Comm. 16+ Beds)		eg es			. 15	
65316	RCF/PMI (Comm. 16+ Beds)	(82)	(14,263)				(14,345)
65317	Nursing Facility (Comm. 16+ Beds)						
65318	ICF/MR (Comm. 16+ Beds)			(1,488)			(1,488)
65399	Other (Comm. 16+ Beds)	۸.					
71319	Inpatient (State MHI)	48,141	256,899	181,537			486,577
71399	Other (State MHI)			·			
72319	Inpatient (State Hosp. School)			1,067,844			1,067,844
72399	Other (State Hosp. School)						
73319	Inpatient (Other Priv./Public						aleman (1) for the second seco
. 1	Hospitals)	326,166	115,814	5,215	1,871		449,066
73399	Other (Other Priv./Public Hospitals)	30,191	22,540				52,731
74300	D & E Related to Commitment	17,874	11,266	1,200	430		30,770
	Sheriff Transportation	5,388	5,726	1,143	511		12,768
74393	Legal Representation (cmtmt court						•
	costs/legal fees)	17,744	10,767	1,490	381		30,382
74395	Mental Health Advocates	1,220	98,258	253	163		99,894
		1				, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
	Total County \$	2,805,694	6,785,821	15,699,621	1,537,589		26,828,725

County Report 1: Total Expenditures by COA code and Disability Type

- Dollar amount of total expenditures by the county from the Mental Health Fund on an accrual, not cash, basis
- Layout with the COA (Chart of Accounts) code down the left side with the disability types across the top
- Totals should be included in both the far right column and the last row

County Report 2 Persons Served - Age Group by Diagnostic Category Fiscal Year 2007 for Linn County

<u> </u>		· ·	
DISABILITY GROUP	Childre n	Adults	Unduplicated Total
Chronic Mental Illness	0	768	768
Mental Illness	14	1,227	1,241
Mental Retardation	203	728	931
Other Categories	26	33	59
Other Developmental Disabilities	10	138	148
Total	253	2,894	3,147

County Report 2: Persons Served - Age Group by Diagnostic Category

- An unduplicated count of adults and children served by the county
- A person is considered as served if there were any expenditure on behalf of the person from the Mental Health Fund
- Persons who have not reached their 18th birthday are counted as children
- To avoid duplication, the count is the person's age or disability status at a point in time The preferred point in time is on the last day of the fiscal year
- Layout with the Disability Group down the left side with Children, Adults and Unduplicated Total across the top

County Report 3
Fiscal Year 2007 Unduplicated Count of Persons Served by COA Code and Disability Type
For Linn County

		For 1	Linn County		,	<u> </u>	
Account Code		Mental	Chronic Mental	Mental	Developmental	Other	Service
03000	Description Information & Referral	Illness	Illness	Retardation	Disability	Other	Total
04000	Consultation	329	0	0	0	0	329
05000	Public Education Services	329	"	0	<u> </u>	0	. 349
06000	Academic services					<u> </u>	
11000	Direct administrative						
12000	Purchased Administrative (contracts,					<u> </u>	
12000	MCO, ASO)						
20000	Coordination Services						
21374	Case Management - T19 Match	1 0	* 12	473	40	1	526
$\frac{21375}{21375}$	Case Management - 100% County	0	123	1	0	2	126
21399	Other Case Management	2	289	497	43	21	852
22000	Service Management		0	4	5	0	9
31000	Transportation (non-Sheriff)	80	163	184	40	2	469
32320	Homemaker/Home Health Aid	0	8	2	0	0	10
32321	Chore		<u>_</u>				
32322	Home Management Services (include						
	PERS)	0	4	4	1	0	9
32325	Respite	0	3	118	13	0	134
32326	Guardian/Conservator	2	4	4	1	2	13
32327	Representative Payee	60	329	111	45	11	556
32328	Home/Vehicle Modification	0	0	2	1	0	3
32329	Supported Community Living						
32399	Other	0	123	15	16	0	154
33345	Ongoing Rent Subsidy	18	135	12	11	2	178
33399	Other Basic Needs Service	30	82	5	2	1	120
41305	Physiologocal Tmt. Outpatient	2	0	0	0	0	2
41306	Physiologocal Tmt. Prescription						
	Medicine	463	130	5	11	1	610
41307	Physiologocal Tmt. In-Home Nursing	0	0	2	0	0	2
41399	Physiologocal Tmt. Other	6	15	1	1	0	23
42305	Psychotherapeutic Tmt. Outpatient	873	171	5	13	3	1,065
42309	Psychotherapeutic Tmt. Partial						
	Hospitalization	3	1	. 0	0	0	4
42399	Psychotherapeutic Tmt. Other	77	24	0	1	0 :	102
43000	Evaluation	189	123	8	4	0	324
44363	Day Treatment Services	14	12	0	0	1	27
44396	Community Support Programs	63	69	1	5	2	140
	Psychiatric Rehabilitation	2	14	0	0	1	17
44399	Other	1	3	. 0	0	0	4
50360	Sheltered Workshop Services	8	39	151	26	4 .	228
	Work Activity Services	0	74	285	12	1	372
50364	Job Placement Services	16	11	9	8	1	45
	Adult Day Care	7	42	35	8	1	93
50368	Supported Employment Services	13	19	68	22	0	122
50369	Enclave	3	. 24	117	19	.0	163
50399	Other Vocational Services	0	12	175	3	0	190
53310	Comm Supervised Apt Living (Comm.	-					
<u> </u>	1-5 Bed)						

Account	X Adults Children	Mental	Chronic Mental	Mental	Developmental		Service
Code	Description	Illness	Illness	Retardation	Disability	Other	Total
		<u> </u>			0	0	8
63314	RCF (Comm. 1-5 Bed)	6	2	0	1	0	3
63315	RCF/MR (Comm. 1-5 Bed)	0	0	2	0	0	8
63316	RCF/PMI (Comm. 1-5 Bed)	0	7	1		U	0
63317	Nursing Facility (Comm. 1-5 Bed)				0	0	6
63318	ICF/MR (Comm. 1-5 Bed)	. 0	0	6	U	<u> </u>	0
63329	Supported Community Living (Comm. 1-5 Bed)	20	203	447	47	6	723
63399	Other (Comm. 1-5 Bed)	. 0	1	0	2	0	3
64310	Comm Supervised Apt Living (Comm. 6-15 Bed)	. `	•				*
64314	RCF (Comm. 6-15 Bed)	22	110	33	5	3	173
64315	RCF/MR (Comm. 6-15 Bed)	. 0	0	0	1	.0	1
64316	RCF/PMI (Comm. 6-15 Bed)	. 35	61	9	0	2	107
64317	Nursing Facility (Comm. 6-15 Bed)	0	2	0.	0	0	2
64318	ICF/MR (Comm. 6-15 Bed)	0	0	59	5	1	65
64399	Other (Comm. 6-15 Bed)	6	10		1	0	17
65310	Comm Supervised Apt Living (Comm. 16+ Beds)	·					
65314	RCF (Comm. 16+ Beds)						
65315	RCF/MR (Comm. 16+ Beds)					. 411.	
65316	RCF/PMI (Comm. 16+ Beds)						
65317	Nursing Facility (Comm. 16+ Beds)						:
65318	ICF/MR (Comm. 16+ Beds)	·				2 360	
65399	Other (Comm. 16+ Beds)						
71319	Inpatient (State MHI)	7	21	5	0.	0	33
71399	Other (State MHI)						
72319	Inpatient (State Hosp. School)	0_	0	28	0	1	29
72399	Other (State Hosp. School)						001
73319	Inpatient (Other Priv./Public Hospitals)	219	66	3	2	1	291
73399	Other (Other Priv./Public Hospitals)	14	11	. 0	0	0	25
74300	D & E Related to Commitment	93	52	6	2	1	154
74353	Sheriff Transportation	136	121	4	1	<u> </u>	263
74393	Legal Representation (cmtmt court			· -	_		205
;	costs/legal fees)	119	71_	11	3	0	643
74395	Mental Health Advocates	360	274	5	4	U	043
				-			
	Total County	3,298	3,070	2,913	425	74	9,780

County Report 3: Unduplicated Count of Persons Served by COA Code and Disability Type

• Using the same methodology as County Report 2, unduplicate by Adults and Children and by Disability Type within each COA code

• Layout with the COA code for each group (Adults, Children) down the left side with the Disability Type and Service Total across the top

Submit one report for Adults and one for Children, checking at the top of the report Adults or Children

County Report 3

Fiscal Year 2007 Unduplicated Count of Persons Served by COA Code and Disability Type

For Linn County

For Linn County							
Account	Adults X Children	Mental	Chronic Mental Illness	Mental Retardation	Developmental Disability	Other	Service Total
Code	Description	Illness	Hiness	Ketai uauon	Disability	CLECK	1000
03000	Information & Referral			-/			7
04000	Consultation						
05000	Public Education Services	ļ					
06000	Academic services						
11000	Direct administrative						
12000	Purchased Administrative (contracts, MCO, ASO)						
20000	Coordination Services	-1					
21374	Case Management - T19 Match			··			<u> </u>
21375	Case Management - 100% County					21	207
21399	Other Case Management	0	0	202	4	21	227
22000	Service Management						
31000	Transportation (non-Sheriff)	0	0	1	0.	. 0	1
32320	Homemaker/Home Health Aid						
32321	Chore						
32322	Home Management Services (include PERS)			<i>5</i> .			
32325	Respite	0	0	1	. 0.	0	1
32326	Guardian/Conservator						
32327	Representative Payee	10	0	5	6	5	26
32328	Home/Vehicle Modification	0	0	2	0	1	3
32329	Supported Community Living						
32399	Other	-					
33345	Ongoing Rent Subsidy						
33399	Other Basic Needs Service	0	0	1	0	0	1
41305	Physiologocal Tmt. Outpatient						0.4
41306	Physiologocal Tmt. Prescription						
	Medicine						
41307	Physiologocal Tmt. In-Home Nursing						
41399	Physiologocal Tmt. Other						
42305	Psychotherapeutic Tmt. Outpatient	4	0	0	0	0	4
42309	Psychotherapeutic Tmt. Partial Hospitalization	:					
42399	Psychotherapeutic Tmt. Other						
43000	Evaluation						
44363	Day Treatment Services						
44396	Community Support Programs		- 				
44397	Psychiatric Rehabilitation						
44399	Other						
50360	Sheltered Workshop Services						
50362	Work Activity Services						
50364	Job Placement Services						
	Adult Day Care				· · · · · ·		
	Supported Employment Services						
	Enclave						
	Ofher Vocational Services						
	Comm Supervised Apt Living (Comm. 1-5 Bed)					,	

Account	Adults X Children	Mental	Chronic Mental	Mental Retardation	Developmental Disability	Other	Service Total
Code	Description	Illness	Illness	Retardation	Disability	Other	7044
50.014	50000	 	1 1 1	1	**		····
63314	RCF (Comm. 1-5 Bed)		and the second second second	and the second			
63315	RCF/MR (Comm. 1-5 Bed)						
63316	RCF/PMI (Comm. 1-5 Bed)			1	0.4		
63317	Nursing Facility (Comm. 1-5 Bed)		3. S. S. S.				
63318 [°]	ICF/MR (Comm. 1-5 Bed)		ļ			1 1	
63329	Supported Community Living (Comm. 1-5 Bed)	.0	0	6	0	0	6
63399	Other (Comm. 1-5 Bed)			e de la companya de l		15.4.	
64310	Comm Supervised Apt Living (Comm. 6-15 Bed)		e en en en en en en en en en en en en en	en en en en en en en en en en en en en e			
64314	RCF (Comm. 6-15 Bed)						
64315	RCF/MR (Comm. 6-15 Bed)					the series of the	No. A con-
64316	RCF/PMI (Comm. 6-15 Bed)					gr -	
64317	Nursing Facility (Comm. 6-15 Bed)						
64318	ICF/MR (Comm. 6-15 Bed)	e ser i sami	e de la la la la la la la la la la la la la	ega et al leuro de tale la c	A Property Commence	e de la Se	
64399	Other (Comm. 6-15 Bed)		· · · · · · · · · · · · · · · · · · ·				
65310	Comm Supervised Apt Living (Comm.		· · · · · · · · · · · · · · · · · · ·				
05510	16+ Beds)						
65314	RCF (Comm. 16+ Beds)		Barra a sakara				<u> </u>
65315	RCF/MR (Comm. 16+ Beds)						
65316	RCF/PMI (Comm. 16+ Beds)						
65317	Nursing Facility (Comm. 16+ Beds)						
65318	ICF/MR (Comm. 16+ Beds)						
65399	Other (Comm. 16+ Beds)						7
71319	Inpatient (State MHI)						
71399	Other (State MHI)		90 <u>(</u> 1 1 2 2	. 1 54 Th y			
72319	Inpatient (State Hosp. School)						<u> </u>
72399	Other (State Hosp. School)						
73319	Inpatient (Other Priv./Public Hospitals)						<u> </u>
73399	Other (Other Priv./Public Hospitals)						·
74300	D & E Related to Commitment					·	
74353	Sheriff Transportation					·	
74393	Legal Representation (cmtmt court						
1.22	costs/legal fees)						
74395	Mental Health Advocates	27	19	1	0	0	47
	A CONTRACTOR OF THE CONTRACTOR						
	Total County	41	19	219	. 10	27	316

County Report 3: Unduplicated Count of Persons Served by COA Code and Disability Type

• Using the same methodology as County Report 2, unduplicate by Adults and Children and by Disability Type within each COA code

• Layout with the COA code for each group (Adults, Children) down the left side with the Disability Type and Service Total across the top

Submit one report for Adults and one for Children, checking at the top of the report Adults or Children

County Report 4 Mental Health System Growth/Loss Report Fiscal Year 2007 for Linn County

DISABILITY GROUP	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Net
Chronic Mental Illness	619	633	641	640	21
Mental Illness	641	719	783	819	178
Mental Retardation	861	881	889	900	39
Other Categories	48	51	57	58	10
Other Developmental Disabilities	130	130	133	128	(2)
Total	2,299	2,414	2,503	2,545	246

County Report 4: Mental Health System Growth/Loss Report

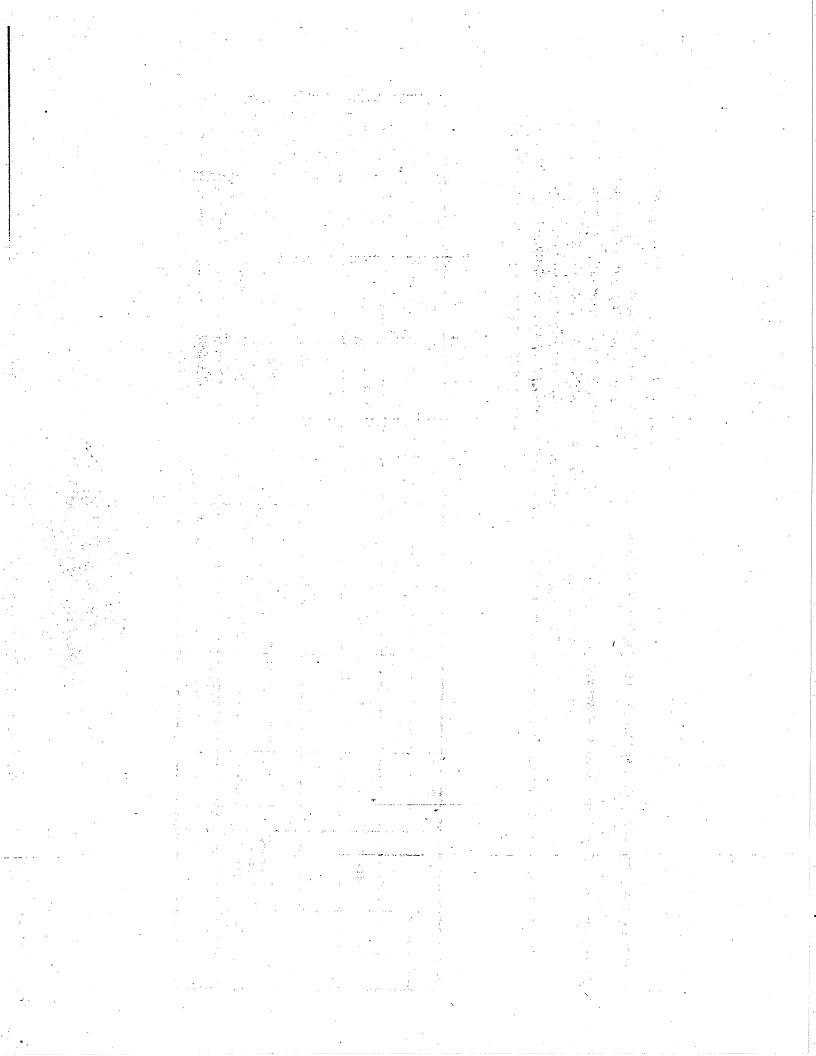
- This report is designed to be able to project service needs in future fiscal years
- An unduplicated count of persons served by the county during each quarter
- A person is considered as served if there were any expenditures on behalf of the person from the Mental Health Fund
- To avoid duplication, the count is the person's age or disability status at a point in time The preferred point in time is on the last day of the fiscal year
- · Layout with the Disability Group down the left side with each of the four quarters across the top
- The Net column is the difference between the first quarter and the fourth quarter

County Report 5 County Waiting List Report Fiscal Year 2007 for Linn County

	Mental Iliness		Chronic Mental Iliness		Mental Retardation		Other Developmental Disabilities		Total	
Waiting List Reason	Currently Receiving a Service	Unserved	Currently Receiving a Service	Unserved	Currently Receiving a Service	Unserved	Currently Receiving a Service	Unserved	Currently Receiving a Service	Unserved
N/A										
Funding Not Avalilable										
Service Not Available	7	18	58	43	46	17	7	6	118	84
Other										
Total:	7	18	58	43	46	17	7	6	118	84

County Report 5: County Waiting List Report

- This report is to track persons within each disability on waiting lists for services across the state, the reason for placement on the waiting list and whether or not they are currently receiving any service
- The purpose of the report is to serve as an indicator of unmet needs across the state
- If the person is on the waiting list for more than one reason (Funding Not Available, Service Not Available, or Other) count as one incident for each applicable reason.
- Layout is with the reason down the left and each Disability Type subdivided by Currently Receiving a Service and Unserved across the top



LINN COUNTY PERFORMANCE INDICATORS

MHDD SERVICES

FY2007

Program Description: Provides the County Central Point of Coordination (CPC) function for Mental Health Developmental Disability (MHDD) services including contract development and maintenance, service and payment authorization, quality assurance procedures, collaboration with community providers, clients and client advocates and development of a County MHDD plan; administers for the County's direct service programs of Supervised Apartment Living, In-Home Services, Client Financial Services, and Services Coordination/Client Counseling.

- 1. To maximize community involvement in planning.
- 2. To minimize administrative expense.
- 3. To insure that the County's direct services programs are in compliance with a minimum of 95% standards as rated by the state quality assurance surveyors.
- 4. To manage MH-DD Services funds in a manner that makes services accessible to eligible clients and is responsive to contracted providers and clients.
- 5. To target a 95% satisfaction rating on annual satisfaction survey.

Performance Indicators	Actual 2006	Actual 2007	Budget 2008	Projected 2009
Input:				
Full Time Equivalent Staff - CPC function	7.00	7.0	7.00	
2. Full Time Equivalent Staff -direct service administration	5.87	5.87	5.87	
3. Total MHDD administration budget	\$840,930	\$894,382	\$921,542	
4. Total State Payment Program	0.00	0.00	\$1,200,000	
5. Percentage of LCCS Budget	2.3%	2.3%	2.3%	
Output:				
Number of funding requests processed	6,010*	6,738	6,500	
2. Unduplicated number of clients funded:			•	•
a. Mentally III (MI)	1,336	1,442	1,400	
b. Chronically Mentally Ill (CMI)	760	794	900	
c. Mentally Retarded (MR)	898	934	925	
d. Developmentally Disabled (DD)	179	154	200	
e. Other	34	56	35	•
3. Number of requests referred to waiting list	34	0	. 0	
Number of appeals/grievances filed	5	6	5	
. Number of enrollments processed	4,729	5,065	5,000	
5. Number of community planning meetings	122	107	120	
V. Number of Direct Service programs administered	4	4	4	
Number of Utilization Reviews	218**	266	400	
Number of legal settlements investigated	1,186	1,505	1,300	
Outcome:				-
. Number of agencies participating in MHDD planning	36	35	40	
. Percent of state standards met by direct service programs	+	92%	95%	
. Average response time to requests for funding	2.09 days	1.15 days	5.00 days	
. Client satisfaction rating for CPC function	2.09 days 97%	97%	95%	
. Provider satisfaction rating for CPC function	88%	89%	95%	
. 1101200 BELIEBURY TRUING TO COMMUNICAL	0070		,,,,,,	
Efficiency: . Administration cost as percentage of MHDD budget	3.3%	3.3%	3.2%	•

^{*}HCBS authorizations now done on ISIS (Web-based) and not counted.

^{**}Utilization Review staff reduced this year due to budget cuts. +No surveys, no data

Program Description: Provides service coordination, planning, referrals, service monitoring, and advocacy for people who are diagnosed with chronic mental illness (CMI) and eligible for Medicaid: Provides service coordination, planning, referrals, service monitoring, advocacy, and counseling for the mentally retarded (MR) or developmentally disabled (DD).

Organizational Strategic Goal: Enhance Quality of Life

- 1. To enable clients to achieve their goals and objectives at a combined achievement rate of at least 70%.
- 2. To minimize hospitalizations of CMI clients.

Performance Indicators	Actual 2006	Actual 2007	Budget 2008	Projected 2009
Input:	2000	2007	2000	2007
Total Case Management/Counseling budget	\$2,658,993	\$2,694,112	\$2,903,871	A second
Linn County tax support for program	226,386	\$258,991	\$390,871	
Percentage of program funded by Linn County	8.5%	9.6%	13.5%	
4. Percentage of LCCS budget	7.3%	6.9%	7.2%	
5. Percentage of Mental Health Develop. Disable. Budget	10.4%	9.9%	10.0%	
5. I decimal of Montal Indian 20-10-10-10-10-10-10-10-10-10-10-10-10-10	10.770	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1000,0	
Output:	14			
1. Number of unduplicated cases:				
a. MR Title 19 Case Management	655	701	685	. •
b. DD Title 19 Case Management	86	87	85	
c. MR Counseling cases	5	4	5	
d. DD Counseling cases	7	5	7	
e. MR Non-Title 19 Case Management cases	4	ō	5	
f. DD Non-Title 19 Case Management cases	5	3	5	
g. CMI Title 19 Case Management cases	285	291	285	
h. CMI Non-Title 19 Case Management cases	103	126	100	
2. Average case load-MRDD Case Management	1:32	1:33	1:30	د المحمد الحال المحالي المراكب
3. Average case load-CMI Case Management	1:24.5	1:25.1	1:25.0	in the second second
Outcome:	<i>-</i>			
Percentages of client objectives achieved-Case Mgt.	80.0%	79%	70.0%	
2. For CMI clients past year				
a. percentage with 0 hospitalizations	66.3%	70.6%	70.0%	en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de
b. percentage with 1 hospitalizations	21.8%	11.8%	15.0%	
c. percentage with 2 hospitalizations	5.8%	7.2%	8.0%	and the second s
d. percentage with 3 or more hospitalizations	6.2%	10.4%	7.0%	
Efficiency:	•			
. Weighted County Average Monthly Cost per Case			ing the state of t	
Management case	4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -		o francisto	
a. W0574, W0578, W1409	\$209.04	\$213.02	\$222.84	
b. W0579	\$251.43	\$245.36	\$257.82	
. Monthly Cost per Counseling case	\$266.47	\$260.21	\$284.07	•
. Weighted State Ave. Monthly Cost per Case Mgt. case				
a. W0574, W0578, W1409	\$225.54	\$224.19	\$238.08	
b. W0579	\$262.84	\$258.05	\$270.72	

Program Description: Provides parents of individuals with disabilities temporary relief from care taking responsibilities (respite), provides protective payee services for recipients of federal and state benefits who are incapable of managing their own money and provides other supports including transportation, personal allowance money and rent subsidies.

Organizational Strategic Goal: Enhance Quality of Life

- 1. To enroll clients in Title 19 respite services to minimize county funding.
- 2. To enable clients to live as independently as possible by making sure their benefits are used to pay rent and provide for necessities.

Performance Indicators	Actual 2006	Actual 2007	Budget 2008	Projected 2009
Input:				
1. Total program budget	\$1,140,784	\$1,170,995	\$1,214,258	
2. Linn County dollars	\$1,025,199	\$1,070,778	\$1,135,458	* **
3. Percent of program funded by Linn County	89.9%	91.4%	93.5%	
4. Percent of LCCS budget	3.1%	3.0%	3.0%	A STATE OF THE STA
5. Percent of Mental Health/Developmental Disabilities		e en en en en en en en en en en en en en		ger and a second
budget	4.5%	4.3%	4.2%	
	,			
Output:	1,00	121	130	
1. Number of clients receiving respite services	127	131		
2. Hours of respite service provided	26,128	27,534	27,600	
3. Unduplicated number of protective payee cases	580	582	580	
4. Number of payments processed by protective payee	36,491	35,521	38,000	
5. Number of clients receiving rent subsidy	208	178	210	
6. Number of clients receiving transportation assistance	200	0.50	250	
(exclusive of CABS)	226	250	250	
Outcome:	1			
1. Number of unduplicated clients receiving respite				
subsidized by Title 19	104	109	105	
2. Amount of vendor payments processed by				
protective payee	\$3,172,926	\$3,119,844	\$3,200,200	
3. Protective payee reimbursements to Linn County	\$47,554	\$58,106	\$50,000	
<u> </u>		•		
Efficiency:	***	Am 00	00.00	
Average respite hourly cost	\$8.31	\$7.89	\$9.36	
2. Average annual respite cost per client served	\$1,709	\$1,658	\$1,926	
3. Average annual rent subsidy per client served	\$1,245	\$1,210	\$1,250	
4. Monthly protective payee cost per client served	\$68.62	\$64.65	\$73.15	

Program: Treatment Services

Program Description: Provides comprehensive interdisciplinary services designed to assist individuals of all ages in dealing with conflict, crisis and mental illness on an outpatient basis and provides psychotropic medication at no cost or on a sliding fee for low income clients and provides or arranges for the provision of the necessary supports and services to enable clients with a chronic mental illness to live, work and recreate in the community environment.

Organizational Strategic Goal: Enhance Quality of Life

- 1. To minimize institutional placements by involving discharged clients in community services.
- 2. To minimize county cost by enrolling applicants in the Pharmaceutical Assistance Program (PAP).

Performance Indicators	Actual 2006	Actual 2007	Budget 2008	Projected 2009
Input:	and the second of the second o	· vary ·		
1. Total program budget	\$1,493,002	\$2,012,601	\$1,797,919	
2. Linn County dollars	\$419,796	\$1,049,040	\$577,727	Ser 1
3. Percent of program funded by Linn County	28.1%	52.1%	32.1%	
4. Percent of LCCS actual/budget	4.1%	5.1%	4.5%	
5. Percent of Mental Health/Developmental Disabilities		•		v*
(MHDD) actual/budget	5.9%	7.4%	6.2%	
		×		
Output:		er e agente e	All Francisco	
1. Unduplicated number of clients receiving therapy &				
treatment	979	1,069	1,000	
2. Hours of therapy and treatment service purchased	4,504	4,044	4,500	
3. Unduplicated number of clients receiving medication				of the same
funding	618	610	650	· · · · · · · · · · · · · · · · · · ·
4. Hours of adult day treatment purchased	1,317	1,322	1,300	
5. Unduplicated number of clients receiving community				
support service	121	· 143	125	٠.
6. Hours of community support purchased	5,029	5,931	5,000	
7. Number of hours the Social Support Center staffed	424	655	650	
8. Hours of Emergency Services Purchased	655	434	650	
9. Number of Mobile Crisis Teams interventions	. 105	235	100	<u> </u>
				· · · · · · · · · · · · · · · · · · ·
Outcome:		,		
Percent of unduplicated clients discharged from	44.504	1000/	100.00/	
MHI receiving treatment services	44.7%	100%	100.0%	
2. Number of applications for prescription assistance			000	
approved for PAP.	844	1,205	900	
700 1		·		
Efficiency:		** ***	•	$(x_{i,j}) = X_{i,j} = \operatorname{det}_{X_{i,j}} \left((x_{i,j}) - \sum_{i \in X_{i,j}} x_{i,j} \right)$
1. Therapy and Treatment cost per hour	\$229.92	\$228.93	\$245.10	
a. Psychiatrist	\$229.92 \$76.46	\$226.93 \$86.22	\$243.10	*
b. Psychologist/Social Worker	\$76.46 \$479.12	\$851.07	\$510.00	
2. Average cost of medication per client		\$831.07 \$29.56	\$28.39	
3. Cost per hour of adult day treatment service	\$26.63	\$29.30 \$49.03	\$47.70	
4. Cost per hour of community support service	\$44.74	947.U3	⊕47./U	

Program Description: Provides care, treatment, and/or skill development for people with a mental health or developmental disability diagnosis in a variety of residential settings including state institutions, intermediate care facilities, residential care facilities, supervised apartment living, and clients' homes depending on the intensity of the need.

Organizational Strategic Goal: Enhance Quality of Life

- 1. To decrease dependency on 24 hour residential service.
- 2. To minimize the units of service at State Institutions (MHI and SHS).
- 3. To enable clients to achieve their goals and objectives at a combined achievement rate of at least 70%.
- 4. To minimize county cost by requiring clients, who are served in residential programs, to apply for Social Security benefits.

Performance Indicators	Actual 2006	Actual 2007	Budget 2008	Projected 2009
Input:	2.3			
1. Percent of program funded by County compared to all				
funding streams	47.59%	47.8%	48.1%	
2. Percentage of LCCS budget	37.3%	36.5%	36.3%	9
3. Percentage of MHDD budget	53.2%	53.0%	50.6%	e en la la Garaghaya (j. 1917). Tanàna
Output:		· · · · · · · · · · · · · · · · · · ·	• •	
1. Total unduplicated clients served:				
a. Mentally Ill (MI)	65	84	65	and the second
b. Chronically Mentally Ill (CMI)	321	343	320	100
c. Mentally Retarded (MR)	537	550	535	
d. Developmentally Disabled (DD)	.85	76	85	
2. Units of service provided at:		• :		
a. Mental Health Institute (MHI)	2,555	2,456	2,500	
b. State Hospital Schools (SHS)	10,140	9,557	9,200	
c. Intermediate Care Facility for MR (ICFMR)	24,210	24,510	24,250	ÿ .
d. Home and Community Based Services (HCBS)	125,702	133,394	131,500	
e. Residential Care Facility for Persons with MI	·			
(RCFPMI)	9,733	10,532	10,150	
f. Residential Care Facility (RCF)	40,168	42,822	41,900	
g. Residential Care Facility for MR (RCFMR)	1,037	792.	670	
h. Supported Community Living - daily	5,486	5,843	5,870	
i. Supported Community Living - hourly	39,431	46,031	42,200	
j Adult Rehabilitation Option (ARO) - daily	4,818	4,673	2,400	
k. Adult Rehabilitation Option (ARO)- hourly	22,409	14,732	11,200	
1. Other - daily	3,990	2,522	1,850	
3. Number of admissions to residential services (not		_ ,	_,	
transfers)	118	208	120	<u> </u>
		·		
Outcome:				
1. Number of clients transferring to less than 24 hour			• .	
service	147	178	150	
2. Number of clients discharged; no longer needing		**		
service	213	177	200	
3. Percent increase (decrease) in units of service at				
State Institutions	(7.51)%	(5.37)%	0.00%	
Percent of residential objectives achieved for clients				•
with Case Mgrs.	74%	72%	70%	•
5. Reimbursements from clients who applied for Social				
Security benefits	\$99,210	\$75,497	\$100,000	

Program Description: Provides care, treatment, and/or skill development for people with a mental health or developmental disability diagnosis in a variety of residential settings including state institutions, intermediate care facilities, residential care facilities, supervised apartment living, and clients' homes depending on the intensity of the need.

Organizational Strategic Goal: Enhance Quality of Life

Performance Objectives:

1. To decrease dependency on 24 hour residential service.

2. To minimize the units of service at State Institutions (MHI and SHS)

3. To enable clients to achieve their goals and objectives at a combined achievement rate of at least 70%.

4. To minimize county cost by requiring clients, who are served in residential programs, to apply for Social Security benefits

				·
Efficiency:				in the second of the second
1. Average Linn County per unit cost of:				*
a. MHI (Unit = day)	\$174.21	\$186.55	\$184.82	
b. SHS (Unit = day)	\$108.91	\$111.73	\$122.73	
c. ICFMR (Unit = day) (includes vocational cost)	\$81.58	\$87.78	\$91.94	and the second of the second
d. HCBS (Unit = day)	\$45.22	\$46.00	\$50.96	and the mark that he
e. HCBS (Unit = hourly)	\$9.97	\$11.00	\$11.24	
f. RCFP MI (Unit = day)	\$115.87	\$111.21	\$123.52	*
g. RCF (Unit = day)	\$54.53	\$51.65	\$58.13	
h. RCFMR (Unit = day)	\$82.50	\$86.14	\$87.95	
i. SCL (Unit = day)	\$27.19	\$34.44	\$28.99	* .
j. SCL (Unit = hour)	\$42.74	\$45.84	\$45.56	
k. ARO (Unit = day)	\$27.47	\$30.89	\$30.96	
1. ARO (Unit = hour)	\$15.87	\$17.26	\$17.88	
m. Other (Unit = day)	\$90.54	\$87.22	\$96.52	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. Average State per unit cost of:				
	\$109.92	\$126.48	\$111.12	. · · ·
	\$15.59	\$15.21	\$17.57	
	\$32.56	\$34.08	\$36.69	·
a. ICFMR (includes vocational cost) b. ARO (Unit = day) c. ARO (Unit = hour)	\$15.59	\$15.21	\$17.57	

Program Description: Provides day time activities and/or vocational training, job placement, and assistance in a variety of settings, including adult day care centers, work activity centers, sheltered employment facilities, and clients' job sites, depending on the intensity of client need.

Organizational Strategic Goal: Enhance Quality of Life

- 1. To obtain employment for clients of at least 20 hours/week for 3 consecutive months.
- 2. To improve wages earned by clients.
- 3. To enable clients to achieve their goals and objectives at a combined achievement rate of at least 70%.

Performance Indicators	Actual 2006	Actual 2007	Budget 2008	Projected 2009
Input:	14.1			
1. Total program budget	\$5,221,111	\$5,368,368	\$5,671,486	
2. Linn County dollars	\$1,750,615	\$2,141,570	\$2,148,933	
3. Percent of program funded by Linn County	33.5%	39.9%	37.9%	
4. Percent of LCCS budget	14.3%	13.7%	14.1%	
5. Percent of Mental Health/Develop. Disabilities budget	20.5%	19.8%	19.6%	Arright in
Output:	÷			
1. Unduplicated clients:				
a. Adult Day Care	17	. 22	10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b. Work Activity	152	146	150	
c. Sheltered Employment	248	. 230	250	
d. Supported Employment			•	•
1. Enclave	135	142	120	
2. Job Coaching/Follow Along	80	86	80	
e. Job Placement	44	45	50	
f HCBS-Enclave	105	101	100	
g. HCBS-Other	57	59	60	
h. HCBS-Pre Voc	266	234	270	• *
i. ARO	115	99	120	
2. Units of service:				
a. Adult Day Care - daily	1,052	1,349	650	•
b. Work Activity - daily	27,900	26,904	28,000	
c. Sheltered Employment - daily	27,336	26,165	27,000	
d. Supported Employment	27,000	20,103	27,000	
1. Enclave - hourly	58,456	64,480	58,500	
2. Job Coaching/Follow Along - hourly	2,277	3,509	1,500	
e. Job Placement - hourly	875	527	900	•
f. HCBS – hourly - enclave	44,575	45,700	45,000	•
g. HCBS - Pre Voc - daily	41,967	43,700 32,977	43,000	
h. HCBS - Pre Voc - hourly	•	•	3,000	
	2,977	4,631		
	4,132	15,139	4,200	
· · · · · · · · · · · · · · · · · · ·	4,313	4,592	4,300	•
k. ARO – daily	1,720	973	1,700	*
3. Unduplicated clients served by diagnosis:	00		20	
a. Mentally III (MI)	29	36	30	
b. Chronically Mentally III (CMI)	142	149	140	
c. Mentally Retarded (MR)	456	472	450	
d. Developmentally Disabled (DD)	80	73	. 80	

Program Description: Provides day time activities and/or vocational training, job placement, and assistance in a variety of settings, including adult day care centers, work activity centers, sheltered employment facilities, and clients' job sites, depending on the intensity of client need.

Organizational Strategic Goal: Enhance Quality of Life

- 1. To obtain employment for clients of at least 20 hours/week for 3 consecutive months.
- 2. To improve wages earned by clients.
- 3. To enable clients to achieve their goals and objectives at a combined achievement rate of at least 70%.

Performance Indicators	Actual 2006	Actual 2007	Budget 2008	Projected 2009
Outcome:				
1. Unduplicated number of clients obtaining		- :		
employment	45	79	50	
2. Percent of clients whose total annual wages increased	40%	40% -	50%	
3. Number of supported employment and follow along				
clients whose wages exceed poverty level	22	23	30	lea lea d'An
4. Percent of client objectives achieved for clients with		10 Mr. 1 March 1		
Case mgr.	73%	70%	70%	
Efficiency:			A STATE OF STATE	
1. Average cost per unit:			1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	\$ 1.5 to 10
a. Adult Day Care (Unit = day)	\$48.40	\$46.28	\$5,1.35	The Age of Asset
b. Work Activity (Unit = day)	\$75.85	\$77.15	\$80.47	
c. Sheltered Employment (Unit = day)	\$36.68	\$38.54	\$38.91	# 1
d. Supported Employment		% * · ·		ation of the
1. Enclave (Unit = day)	\$13.94	\$13.87	\$14.79	100 100 100 100 100 100 100 100 100 100
2. Job Coaching/Follow Along (Unit = hour)	\$59.26	\$28.98	\$62.87	
e. Job Placement (Unit = hour)	\$69.61	\$69.15	\$73.85	
f HCBS - Hourly - Enclave	\$2.20	\$2.28	\$2.48	
g. HCBS – Pre Voc – daily	\$20.44	\$19.67	\$23.03	
h. HCBS - Pre Voc - hourly	\$5.23	\$5.67	\$5.89	
i. ARO – Hourly	\$14.43	\$15.09	\$16.23	
j. ARO – daily	\$14.71	\$16.80	\$16.58	and the second
2. Average State per unit cost of:		the second of	$\mathbf{x} = \left(\mathbf{x}_{i} - \mathbf{x}_{i} - \mathbf{x}_{i} \right) + \mathbf{x}_{i}$	and the second s
a. ARO - Hourly	\$14.84	\$8.40	\$16.72	
b. ARO – daily	\$16.30	\$16.04	\$18.37	

Department: LCCS

Program: Mentally III Commitment Cost

Program Description: Provides hospitalization, attorney, psychiatric evaluation, sheriff transportation, and mental health advocate services associated with mental commitment hearings as mandated by Section 230.10, of the Iowa Code.

Organizational Strategic Goal: Enhance Quality of Life

Performance Objectives:

1. To minimize County cost through investigation of legal settlement.

2. To minimize institutional placements, by funding alternatives, including involuntary hospitalization and post commitment hospitalization.

Performance Indicators	- Actual 2006	Actual 2007	Budget 2008	Projected 2009
Input:			2000	
1. Total Mental Health Commitment budget	\$374,069	\$337,750	\$371,642	× .
2. Voluntary Hospitalization budget	\$167,282	\$234,886	\$175,000	-
3. Post Commitment Hospitalization budget	\$20,155	\$39,863		
4. Percent of LCCS budget	1.5%	1.6%	1.4%	The second secon
5. Percent of MHDD budget	2.2%	2.3%	2.0%	
-		74		e Maria
Output:			the second	
1. Number of mental commitment hearings	301	310	300	
2. Number of hearings on people with no prior	301	510	300	
Linn County funding	127	137	130	
3. Number of people served through the voluntary	12/	137	150	a. A.
hospitalization program	92	192	100	
4. Number of people served in post commitment	1 12	1,72	100	
hospitalization program	18	22	20	
	^			· · · · · · · · · · · · · · · · · · ·
Outcome:				
1. Percentage of mental commitments rejected due to				programme and
legal settlement	22.59%	30.0%	25%	, *
2. Percentage of mental commitments resulting in				* *
institutional placement	10.3%	7.4%	10%	
	-			······································
Efficiency:				·
1. Average commitment cost per mental client served	\$949	\$1,041	\$1,012	

OF DATA ON SERVICES MANAGED

- The MHDD Advisory Committee reviews utilization and quality assurance data quarterly. This process keeps the committee aware of any major variances between budget and actual expenditures, and helps us to continually analyze unmet needs.
- In addition, Linn County develops Performance Indicator objectives and measures outcomes to see if we achieve our objectives. These results, from the tables on the previous pages, are summarized below.
- Administratively, we exceeded our target of 95% approval rating in our Consumer Satisfaction surveys, and scored 97%. We continued to increase our provider satisfaction slightly, up to 89%, but we did not achieve our target of 95%. Most of the negative comments on this survey were about involving consumers in the planning process. We will continue to work on how to improve in that area. We exceeded our target in response time to applications, averaging just a little over one day to get out a Notice of Decision, while processing over 6700 funding applications.
- Our Case Management targets were exceeded, achieving 79% of goals established for consumers. The percentage of people needing hospitalization who have case managers was reduced this year to the target of 30%.
- Treatment services achieved 100% compliance with the objective of enrolling people discharged from MHI in a community treatment service. We also assisted over 1200 individuals in applying for Pharmaceutical Assistance to receive free medication from the drug companies. The number of people accessing treatment and community support services increased.
- We have reduced the amount of service at the state institutions and increased the amount of supported community living and home-and-community-based services accessed, which achieves one of our main goals. We "graduated" 177 people to independent living (i.e. no longer needing support), and transferred 178 people from 24-hour settings to less intensive settings. We assisted 79 people to become employed (20 hours per week for at least 3 consecutive months), and 40% of our consumers had increased wages during the past year.
- Our unmet needs list continues to show a need for increasing our local ability to serve people with behavior disorders. We also have a significant number waiting for admission to vocational services, and we need to improve our capability to move people into supported employment. Our waiting list data indicates increasing numbers who are waiting who do not have a current service. Much of that increase is related to more children being referred for Case Management and more referrals for vocational services for people who do not have other support needs.
- Our budget analysis at this point is favorable, with increased State Allowable Growth Appropriation, and we look forward to an exciting year of meeting some unmet needs.

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